Mail Drop 521M
Fuel Tax Refund Compliance Unit
PO Box 2100
Phoenix AZ 85001-2100
602-712-8727

Clear

USE FUEL VENDOR BRANCH WORKSHEET

96-152B R04/17 azdot.gov

Refund Period Beginning Date	Refund Period Ending Date	ADOT License Number	Page Number of
Company Name		ADOT Branch Number	Branch License Issue Date
Branch Physical Location		City	State / Zip

Attach an invoice copy for **each** fuel delivery date. The invoices should be in the same order as the table below.

Date Fuel Delivered	Invoice Number	Gallons Purchased (invoiced)	Gallons Claimed on 26¢ (use fuel) pumps (from form # 96-0152C)	Gallons Claimed on 18¢ (light class) pumps
			Total **26¢** Gallons Claimed 0	Total **18¢** Gallons Claimed 0

Total Gallons (this page)	Purchased 0	Claimed (26¢ + 18¢) 0
Total Gallons (all pages)	Purchased	Claimed (26¢ + 18¢)

- Round totals to whole gallons.
- Attach inventory schedule, if total gallons claimed exceed gallons purchased.
- Transfer totals – single branch to form # 96-0152; multiple branches to 96-0152A.